

# I

## MARRIAGE AND SYPHILIS \*

By G. RIDDOCH, M.D., F.R.C.P.

IN agreeing to open the debate, said Dr. Riddoch, he felt he was in a false position, as he was profoundly ignorant on the question of the infectivity of syphilis, for, as a neurologist, he saw only the late effects, the tragedies. He would therefore use the opportunity to stir up a few warnings against giving too optimistic a forecast in the early stages of the disease. A perusal of the literature seemed to indicate that it was a subject on which no one was very well informed, yet it was of the first importance. There was now available much more precise information by which to answer the question so often put to the medical man by patients distressed in this way ; at the present time it was a matter more for discussion than for dogmatic statement.

The first question was : How long, and under what circumstances, was syphilis infectious ? It was agreed that in the primary and the early secondary stages—*i.e.*, when the chancre was present and when cutaneous lesions appeared—the infectivity of the disease was very high ; spirochætes were present in the semen and other secretions. It was when the later phases of the disease were considered that difficulties arose. The infectivity tended to diminish as the disease progressed, though not in a steady way ; there seemed to be re-animations as shown in fluctuations in virility. Decision was difficult when the cutaneous lesions had disappeared and latent syphilis was present, the only manifestation being a positive Wassermann. When that was the case and the primary infection had taken place five or six years earlier, what was the infectivity ? Clinical and experimental evidence seemed to show that infectivity was still present at this stage. In rabbits experimentally treated at such a stage the intra-testicular secretions and the blood were positive. Certainly spirochætes tended to persist for a considerable

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time in healed chancres, and monkeys could be infected with syphilis by injecting material from chancres which had healed fourteen months, even though local and general antisyphilitic measures had been adopted. It was not known in what proportion the disease was infectious at this stage. What was the position when the Wassermann was negative? Could it be said that at this stage infection could not occur? He did not think so, especially when the Wassermann had previously been positive. Men who had so-called latent syphilis and having been assured it was safe to marry had done so, had infected their wives, and the latter had borne syphilitic children. It was very desirable to know in what proportion of cases such an accident was liable to occur. In the late stage of latent syphilis—*i.e.*, in the first four or five years after the infection, with or without treatment, and the Wassermann positive but without clinical manifestations—could it be definitely stated that there was no liability to the man, if he married, transmitting the disease to the offspring? He thought not, for the positive Wassermann showed that organisms of syphilis were still present in the body, possibly shut off in a gumma or otherwise isolated, but liable to be liberated into the system. Of six men infected three to six years previously who married while having latent syphilis, five of the wives developed a positive Wassermann, and four of them bore syphilitic children. To what extent were these exceptional occurrences? Clearly those cases constituted a warning. Were cases who admittedly had had a chancre, but whose Wassermann had remained negative for some time, free from infectivity? He did not know, and had not been able to find evidence that there was definite information on the point. There remained to be considered those late cases of syphilis with clinical signs, cases which were often seen because of neuro-syphilis. Were these cases, even with a negative Wassermann, certainly non-infectious? When a patient had got tabes or aortitis, or a gumma of the liver, he did not know whether infection was possible, but thought probably not.

In regard to infectivity, he thought the case of the woman was somewhat different from that of the man, especially in regard to syphilis in the secondary stage before treatment, for with her the danger of infection was greater than in the male. Colonel Harrison's view,

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with which he was in general agreement, was that the patient should be required to wait four years before considering marriage, and that this period could be shortened by treatment, if it were efficient and thorough, and that before suspending treatment the blood and cerebro-spinal fluid should be Wassermann-negative. Afterwards there should be an examination every month for a year, and a week after a provocative dose of N.A.B. ; also at the end of another six months and after a year following a provocative dose. Coming well out of that ordeal seemed to justify marriage, but the speaker thought it might not be safe even then, unless the case had been caught early and the treatment commenced forthwith. Abrahams considered that if the cerebro-spinal fluid was positive, even without nervous signs, in the third year, the patient was a possible candidate for neuro-syphilis later on. That statement was made without much supporting evidence, but the question of how risky marriage would be in such a case was one well worth consideration. Another authority considered that a negative clinical and serological examination after seven years meant that the patient was reasonably safe, but that even then some cases showed there were exceptions. Prosser White considered that in the tertiary stage the local lesions were non-infectious, but the speaker had his doubts as to that. The question appeared to be even more difficult in the case of women, who seemed much more likely to pass the disease on to their progeny. One authority declared that a woman whose blood gave a positive Wassermann should never marry. Dr. Panton would probably say what was the significance of the Wassermann reaction, because in this matter the pathologist was a very important person. Often one saw patients who had been efficiently treated without showing clinical manifestations, or in whom, accidentally, the Wassermann was found to be positive. What was the infectivity here ? He always felt unsafe about such cases. And could a man who had had a positive Wassermann but was now negative be pronounced cured and free from infection ? The danger was that he was liable to become positive later on.

It was not sufficient, said Dr. Riddoch, to be able to answer the patient's question as to whether or not he was infectious and liable to transmit the disease ; there was the further question whether the disease was likely to

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incapacitate him as a wage-earner later on, say fifteen years hence. It was a difficult problem, but he knew of cases in which a favourable answer had been given by the medical man with disastrous consequences. In forming an opinion he stressed a thorough clinical examination of the patient, mentioning the case of a man aged thirty-five who had a chancre twelve years previously. He had mercury treatment—not very efficiently—and six years later had N.A.B. injections, and three years prior to marriage had N.A.B., mercury and iodide of potassium. But his blood was Wassermann-positive. Three separate syphilologists assured him it was safe for him to marry. Three months after marriage the speaker saw him and found him the subject of marked tabes, and the history showed that for years he had had lightning pains and had a habit of wetting the bed, this in addition to the pupillary and other classical signs of the disease. His view was that a positive Wassermann indicated the presence still of active spirochætes in the body, hence the prognosis given in such cases should be cautious. A great safeguard against error was not to be content with a single Wasserman test. A smaller proportion would show a negative Wassermann in the spinal fluid than in the blood. On the other hand, an ultra-cautious attitude was liable to breed syphilophobia. Stated in a broad way, his own feeling was that if a man had had syphilis and it had become generalised he ought to have treatment for the remainder of his life, otherwise he could not be said to be free from infectivity nor from the risk of remote complications. A more lenient view was justifiable in the case of a man who had never had a positive Wassermann in either the blood or the cerebro-spinal fluid. Finally, Dr. Riddoch raised the question of the fate of the offspring of syphilitic parents who were supposed to have been cured before marriage; also as to the treatment which could be considered safe and efficient to ensure that the patient would not develop later sequelæ.\*

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